

CLAIMS ONLY							Application Number 09/886515		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51		/	
2		/					52		/	
3		/					53		/	
4		/					54		/	
5		/					55	/		
6		/					56		/	
7		/					57		/	
8		/					58		/	
9		/					59		/	
10		/					60	/		
11		/					61		/	
12		/					62		/	
13		/					63	/		
14		/					64		/	
15	/						65		/	
16		/					66			
17		/					67			
18		/					68			
19		/					69			
20		/					70			
21	/						71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26	/						76			
27		/					77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32	/						82			
33		/					83			
34		/					84			
35		/					85			
36		/					86			
37		/					87			
38	/						88			
39		/					89			
40		/					90			
41		/					91			
42	/						92			
43		/					93			
44		/					94			
45		/					95			
46	/						96			
47		/					97			
48		/					98			
49		/					99			
50		/					100			
Total Indep	9						Total Indep	3		
Total Depend	41						Total Depend	12		
Total Claims	50						Total Claims	15		

$$\begin{array}{r} 15 \\ \hline 65 \end{array}$$